

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**FY 2005**

(Fees pursuant to Consolidated Appropriations Act. (H.R. 4818).)

Docket Number (Optional)

011323.00007

Application Number 09/932,371

Filed August 17, 2001

For Medical Information System, Method And Article Of Manufacture

Art Unit 2129

Examiner O.F. Fernandez Rivas

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

- ☒ Applicant claims small entity status. See 37 CFR 1.27
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 08-2442. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

- ☒ attorney or agent of record. Registration Number 40,786
- ☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

R. Kent Roberts
Signature
R. Kent Roberts
Typed or Printed Name

June 22, 2006
Date
(716) 848-1510
Telephone Number

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

- ☒ Total of one form is submitted.

TRANSMISSION CERTIFICATE

I hereby certify that this correspondence is being electronically transmitted to the U.S. Patent and Trademark Office on the date shown below.

Date June 22, 2006

Rachel S. Watt
(Type or print name of person mailing paper)

Rachel Watt
(Signature of person mailing paper)